

Application/Request for Services

Please complete all sections. If you would like assistance with this form, do not hesitate to ask. If you need more space, please use an additional piece of paper.

A. Personal Information:

First Name: _____ Middle/Maiden Name: _____
 Last Name: _____ Preferred Name: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 County: _____ Home Phone: (____) _____ Cell Phone: (____) _____
 Primary E-Mail: _____ Secondary E-Mail: _____
 Gender Identity: ☐ Male ☐ Female ☐ Do not wish to disclose
 Social Security Number: _____ Date of Birth: _____ Age: _____

Do you have a specific low vision impairment that presents difficulty for you in preparing for, obtaining, or maintaining employment? Or are you considered legally blind? ☐ No ☐ Yes

Do you require an interpreter? ☐ No ☐ Yes Language: _____

Preferred Method of Communication: ☐ E-mail ☐ Phone ☐ Video Relay ☐ Letter

Permission to Send Text Messages: ☐ No ☐ Yes

Do you have a legal guardian? ☐ No ☐ Yes Name: _____ Phone: _____

Address: _____

Race: Please check all that apply.

☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American
☐ Asian ☐ American Indian or Alaska Native ☐ Do not wish to disclose

Ethnicity: Please check one.

Hispanic or Latino ☐ No ☐ Yes ☐ Do not wish to disclose

B. Contact Information:

Is there someone outside of your household who would usually be able to help us contact you?

First Name: _____ Last Name: _____ Relationship: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
 Primary E-Mail: _____ Secondary E-Mail: _____

Is there a relative who would usually be able to help us contact you?

First Name: _____ Last Name: _____ Relationship: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____
 Primary E-Mail: _____ Secondary E-Mail: _____

C. Referral Source:

Who referred you to IVRS? _____ Phone Number: (____) _____

What is the reason they suggested you apply for services? _____

- ☐ I have been referred because I am currently working in subminimum wage employment or I am considering work at subminimum wage.

IVRS USE ONLY

If low vision question is checked “yes” send referral to IDB and notify the individual. If the individual does not want to be referred to IDB, notify him/her that IVRS does not serve this population.

Source of Referral at Application

- ☐ 14(c) Certificate Holders
- ☐ Adult Education and Literacy Programs
- ☐ American Indian VR Services Program
- ☐ Centers for Independent Living
- ☐ Child Protective Services
- ☐ Community Rehabilitation Programs
- ☐ Consumer Organizations or Advocacy Groups
- ☐ DOL Employment and Training Service Programs for Adults, Dislocated Workers, and Youth)
- ☐ Educational Institutions (Elementary/Secondary)
- ☐ Educational Institutions (Postsecondary)
- ☐ Employers
- ☐ Extended Employment Providers
- ☐ Faith Based Organizations
- ☐ Family/Friends
- ☐ Intellectual and Developmental Disabilities Providers
- ☐ Managed Care Organizations (MCOs)
- ☐ Medical Health Provider (Public or Private)
- ☐ Mental Health Provider (Public or Private)
- ☐ Public Housing Authority
- ☐ Self-referral
- ☐ Social Security Administration (Disability Determination Service or District office)
- ☐ State Department of Correction/Juvenile Justice
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Veteran's Benefits Administration (including VA Vocational Rehabilitation)
- ☐ Veteran's Health Administration (the VA hospital system, as well as the VA transitional living, transitional employment, and compensated work therapy programs)
- ☐ Wagner-Peyser Employment Service Program
- ☐ Welfare Agency (State or local government)
- ☐ Worker's Compensation
- ☐ Other One-stop Partner
- ☐ Other Sources
- ☐ Other State Agencies
- ☐ Other VR State Agencies
- ☐ Other WIOA-funded Programs including Job Corps, YouthBuild, Indian and Native Americans, and Migrant and Seasonal Farmworker Programs

Iowa Vocational Rehabilitation Services (IVRS) APPLICANT'S RIGHTS AND RESPONSIBILITIES

To be eligible to receive vocational rehabilitation services, you must have a disability which causes major problems in getting, preparing for, or keeping a job, and you must need vocational rehabilitation services to be able to work.

To determine if you are eligible to receive vocational rehabilitation services, we gather information under the authority of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 701). This law is used to determine your eligibility, the category of severity of your disability, and to help develop a plan of services to reach a suitable vocational goal. Your provision of information is voluntary. A failure to supply needed information, however, may result in our inability to provide you services.

A. I understand that I have a right to:

1. A decision on my eligibility within 60 days of application, unless I agree in writing to extend the time.
2. A review of any decision denying my eligibility based on the severity of my disability, within 12 months.
3. Have all information provided by me or others to IVRS kept confidential. I understand that a release of information is not required for IVRS to obtain information needed to comply with the performance accountability requirements of section 116 of WIOA or to share information with state/federal partners who share common standards of confidentiality including the Iowa Department of Education, Iowa Department of Human Rights, Iowa Workforce Development, Iowa Department of Human Services, Iowa Department for the Blind, and the Iowa Developmental Disabilities Council. Examples of this may include, but are not limited to, matching State quarterly wage records with Iowa Workforce Development, accommodation discussions related to my Individual Plan for Employment with training program staff, placement providers, and potential employers. I understand information will only be shared consistent with all federal and state laws and regulations, and may be shared by telephone, e-mail, fax, electronic data exchange and/or U.S. mail.
4. I understand IVRS may access my wage and benefit records using my social security number to conduct claim reimbursement of IVRS service costs from the Social Security Administration. This information may also expedite an eligibility decision. IVRS will maintain the confidentiality of these records. I understand that if I do not want my social security number used for wage and benefit record activities, IVRS will still provide me services. I provide permission for IVRS to use my social security number and name for these purposes.

☐ Yes ☐ No

Applicant's initials

Guardian's initials (if applicable)
5. Contact the Client Assistance Program (CAP) for help with my interactions with IVRS. I can contact them by calling toll-free 1-800-652-4298, or in the Des Moines area, (515) 242-5655 (voice and TTY). I may also contact them by writing CAP, Iowa Department of Human Rights, Lucas State Office Building, Des Moines, Iowa, 50319.
6. Appeal any decision with which I do not agree. My appeal must be filed within 90 days of the decision. I may also choose to speak with my counselor's supervisor, where disagreements are often quickly resolved. Or, I may directly request mediation or a hearing before an impartial hearing officer. If I choose to discuss the issues with the supervisor and disagree with that decision, I may then request mediation or a hearing before an impartial hearing officer. If I choose a hearing, I will send a written request to Administrator, Iowa Vocational Rehabilitation Services, 510 East 12th Street, Des Moines, Iowa, 50319.
7. IVRS services provided in compliance with all applicable state and federal civil rights laws. I understand all applicants must be served without regard to age, race, creed, color, sex, national origin, religion, disability, ancestry, sexual orientation, gender identity, or veteran status. If I believe I have been discriminated against based on one of these reasons, I may contact the Bureau Chief, Administrative Services Bureau, Iowa Vocational Rehabilitation Services, 510 East 12th Street, Des Moines, Iowa, 50319, (515) 281-4318 (voice), (515) 281-4211 (TTY), or toll-free (800) 532-1486.

B. I understand that if I am found to be eligible and I am in a category being served, I have a right to:

1. The assistance of my vocational rehabilitation counselor and/or someone else of my choosing in identifying a suitable vocational goal and determining the services, activities and providers needed to reach the goal(s) in my Individual Plan for Employment (IPE). If I elect to obtain the assistance from someone outside of IVRS I understand that my vocational rehabilitation counselor must still determine if the plan can be supported by IVRS and agency funds allocated toward my plan.
2. Receive assistance from a qualified vocational rehabilitation counselor employed by IVRS or from one who is not employed by IVRS. I understand IVRS does not pay for the services of a counselor who is not employed by IVRS.
3. Review, revise, and redevelop my IPE whenever circumstances require.
4. Know if I will be required to participate financially in any part of my IPE. My financial participation will depend on my income, my family's income, if appropriate, and other resources available to me.

C. I understand that I am responsible for:

1. Helping my counselor obtain information needed to determine if I am eligible for services, the severity of my disability, and to evaluate the progress of my IPE (for example, grade reports, medical records, financial assessments, etc.).
2. Working actively with my counselor and/or others of my choosing, to select a suitable vocational goal and identify the services, activities, and providers needed to help me reach the goal(s) in my IPE. I understand that my IPE does not go into effect until both my counselor and I have signed it.
3. Having decisions made regarding my case performed within the time standards established. If those decisions cannot be done timely I will be asked to sign an extension; and failure to sign an extension could result in an unfavorable decision because then only the information on file is available for consideration.
4. Informing my counselor of any conditions which might affect the severity of my disability and/or my ability to complete my IPE.
5. Keeping scheduled appointments.
6. Informing my counselor of any changes in my address and telephone number.
7. Managing my disability to improve my chances of becoming employed.
8. Applying for any financial assistance which might be available to me from other sources and informing my counselor of the results.
9. Participating, at least annually, in a formal review of my IPE.
10. Actively seeking employment consistent with my IPE and informing my counselor when employment is obtained.

These rights and responsibilities have been explained to me, and I have been given a copy.

Job Candidate Signature

Date

IVRS Representative Signature

Date

IVRS Date Stamp:

Parent or Guardian Signature

Date

Sign both copies of the Applicant's Rights and Responsibilities. Retain the job candidate copy and submit the remaining pages to the local IVRS office within 10 days of your signature date. If received more than two weeks from the signature date, IVRS may use the date-stamp date as your date of application.

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Job Candidate's Copy: Tear off and keep for your records.